

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF MENTAL HEALTH

Request to Amend Protected Health Information Denial Letter

Date: _____

To: _____

Re: Denial of Request to Amend Protected Health Information (PHI)

Dear _____:

The Department of Mental Health (DMH) received the attached request from you to amend PHI.
(ATTACH COPY OF REQUEST FORM)

Your request has been denied for the following reason(s):

- ☐ Request not made by the correct individual
- ☐ Personal Representative's authority to act on the individual's behalf was not stated or verified
- ☐ PHI was not created by DMH. It was created by: _____
- ☐ DMH policy does not permit you to inspect the PHI
- ☐ PHI is not part of a Designated Record Set
- ☐ PHI cannot be amended under DMH policy (e.g., psychotherapy notes, x-rays)
- ☐ PHI is accurate and complete

If you disagree with this denial, you may send me a written statement of disagreement. Please limit your statement to one page. If you choose not to file a statement of disagreement, you may request that DMH include your Request to Amend Protected Health Information, as well as its denial of your request, with any future disclosures of the PHI that is the subject of the requested amendment. To make this request, please complete the request section below and return it to me.

You do not have the right to appeal this denial. You may file a complaint with: DMH Privacy Officer, 25 Staniford St., Boston, MA 02114, (617) 626-8160 and/or the Office for Civil Rights, U.S. Secretary of Health and Human Services, JFK Federal Building, Room 1875, Boston, MA 02203

Sincerely,

Signature: _____
Print Name: _____
Title: _____
Address: _____
Telephone: () _____

REQUEST:

I, _____, ask that DMH include my Request to Amend Protected Health Information as well as this denial letter, with any future disclosures of PHI that are the subject of the requested amendment.

Your signature or Personal Representative's signature

Date